POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	2	. 10	4-2798
FORMALITY REVIEW	RS	61730	49

INDEX OF CLAIMS

			N I A	
23	÷	Restricted	0	Objected

	— (Through nume	eral) Canceled A
W 2 (1)		
Claim Co D	ate	Claim Date
		Final Original Original Original Original Original Original
Final Original F-1-1-7/R		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	[5] 1 1 1 1 1 1 1 1 1
1 1 1 1		
AII		54 114
5		55 115
6		56 116 117
7		57 V V 117 118 118
(8) g		59 119
(10)	 	60 110
 	 - - - - -	61 111
12		62 112
13 (14) 15		63 N n
(1)		64
15		65 115
1 1611	11111	66 116 116
17		67 117 117 118 118
18		68
19		70 120
(21)	 	71 121
22		72 122
28		73 123 123
24		74 124
2s()		75 125
36		76 126
28 24) 25 25 27 28 29		77 127
		78 128
129		79 129
(30)	 	70 130 130 131
(32)	 - - - 	81 131 132
83	 - - - 	83 133
144 1 1 1 1	 	84 134
(35) / '	 	85 135
(35) 36 / (37)		86 136
(37)		87 137
[38]		88 138
(39)	++++	89 139
40 41	 	90 140
41	 	91 141
42 43 44 49 45	 	92 142 143 143
 	++++	93 143 144
H43 - H	╅╂┼┼┤	95 145
42	 	96 146
47	 	97 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 48 11 /		98 148
48 V		99 149
[sp]		100 150

BEST AVAILABLE COPY ore than 150 claims or 10 actions staple additional sheet here